Black Hawk.

DISCLOSURE SUMMARY PAGE COMMITTEE NAME (Niget be some as on Statement of Organization) [6 M 8:35] LUTE (AM) TOP COUNTY COUNTY (COUNTY) (FOR INSTRUCTIONS, SEE BACK OF FORM	JA FTHICS AND
COMMITTEE NAME (Nigus be sage) as on Statesment of Copanisation 6 N 8: 35 MERCRIANT: Indicate Spore of committee you are reporting for (1) Statewide Legislative Condition (2) Statewide PAC (3) State Party (4) County/Local Candition (3) Statewide Legislative Condition (2) Statewide PAC (3) State Party (4) County/Local Candition (3) Statewide Legislative Condition (2) Statewide PAC (3) State Party (4) County/Local Candition (3) Statewide Pack (3) Statewide PAC (3) State Party (4) County/Local Candition (4) Statewide Pack (3) Statewide PAC (3) State Party (4) County/Local Candition (5) Statewide Candition Name (6) Statewide Party (6) Statewide Party (7) Candidate Name (8) Political Party (8) District (if Senate or House) (8) Statewide Party (9) District (if Senate or House) (9) Statewide Party (9) District (if Senate or House) (9) District (if Senate or House) (9) District (if Senate or House) (10) District (if Senate or House) (11) District (if Senate or House) (12) District (if Senate or House) (13) District (if Senate or House) (14) District (if Senate or House) (15) District (if Senate or House) (16) District (if Senate or House) (17) District (if Senate or House) (18) District (if Senate or House) (19) District (if Senate or House) (10) District (if Senate or House) (10) District (if Senate or House) (11) District (if Senate or House) (12) District (if Senate or House) (13) District (if Senate or House) (14) District (if Senate or House) (15) District (if Senate or House) (16) District (if Senate or House) (17) District (if Senate or House) (18) District (if Sen	DISCLOSURE SUMMARY DAGE	E FORMAN DIGHT POTTER AL
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Carridate Name Date of the County of the reports are subject to possible civil and criminal penalties. SEE INSTRUCTIONS ON BACK AND COMPLETE THE POLLOWING SENTENCE: IAM FILING A Dec 3 REPORT FOR ANA (1) ELECTION /(2) NON-ELECTION PEAR. (report date) Indicate one County is in indicated one County in indicated one County is indicated one Cou	(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates	Logged In
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SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: I AM FILING A	SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	
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Indicate one Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H) (Schedule H applies to Candidates' Committees Only) Sub-TOTAL\$ SUB-TOTAL\$ SUB-TOTAL\$ SUB-TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below) Schedule F: Loan Repayments total (Attach Schedule F)	IABA PU NIA - VE M I I A 1/BA 7 .	ON //2)NON EL ECTION DE LO
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FOR INSTRUCTIONS, SEE BACK OF FORM

Reservoim

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

I	SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization) For Council Wieland CANDIDATE NAME AND ADDRESS TO WHOM PURPOSE AMOUNT DATE ID NUMBER EXPENDITURE (DESCRIBE TRANSACTION) EXPENDED **EXPENDED** (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER N.A.M.I Charitable 1/14/08 CK#254 Blackhaulk Co. \$268.76 CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK#

SUB-TOTAL

\$268.78

TOTAL (if last page of this schedule)

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.6(3)(i).)

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